

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER		2. CONTRACT NO. <i>(If any)</i>		6. SHIP TO:	
3. ORDER NO.		4. REQUISITION/REFERENCE NO.		a. NAME OF CONSIGNEE	
				b. STREET ADDRESS	
5. ISSUING OFFICE <i>(Address correspondence to)</i>				c. CITY	
7. TO:				d. STATE	
				e. ZIP CODE	
a. NAME OF CONTRACTOR				f. SHIP VIA	
b. COMPANY NAME				<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> a. PURCHASE REFERENCE YOUR: _____ Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. </div> <div style="width: 45%;"> <input type="checkbox"/> b. DELIVERY -- Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract. </div> </div>	
c. STREET ADDRESS					
d. CITY					
e. STATE				f. ZIP CODE	
9. ACCOUNTING AND APPROPRIATION DATA				10. REQUISITIONING OFFICE	

11. BUSINESS CLASSIFICATION <i>(Check appropriate box(es))</i> <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> h. ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)					12. F.O.B. POINT		
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE <i>(Date)</i>		16. DISCOUNT TERMS	
a. INSPECTION		b. ACCEPTANCE					

17. SCHEDULE *(See reverse for Rejections)*

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO:						
	a. NAME						
	b. STREET ADDRESS <i>(or P.O. Box)</i>						17(i) GRAND TOTAL
	c. CITY			d. STATE	e. ZIP CODE		

22. UNITED STATES OF AMERICA BY <i>(Signature)</i>	23. NAME <i>(Typed)</i> TITLE: CONTRACTING/ORDERING OFFICER
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